

# FEE TRANSMITTAL for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 810)

## Complete if Known

Application Number	10/686,325
Filing Date	10/14/2003
First Named Inventor	Gary F. Bartlett
Examiner Name	R. Kwiecinski
Art Unit	3635
Attorney Docket No.	070121.0572

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

Deposit Account:

Deposit Account Number	02-4377
Deposit Account Name	Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

### ADDITIONAL FEES

- Surcharge - late oath or filing fee
- Non-English Specification
- Extension for reply within first month
- Extension for reply within second month
- Extension for reply within third month
- Extension for reply within fourth month
- Extension for reply within fifth month
- Notice of Appeal
- Filing a brief in support of an appeal
- Petition to revive - unavoidable
- Petition to revive - unintentional
- Utility Issue Fee
- Design Issue Fee
- Publication Fee
- Petitions to the Commissioner
- Request for Continued Examination (RCE) \$810
- Information Disclosure Statement (IDS)

## FEE CALCULATION

### Extra Claim Fees

	Extra Claims	Fee	Fee Paid
Total Claims		x 52	= \$0
Independent Claims		x 220	= \$0
Multiple Dependent			= \$0
SUBTOTAL		\$0	

Fee Description	Large Entity	Small Entity
Claims in excess of 20	52	26
Independent claims in excess of 3	220	110
Multiple dependent claim, if not paid	390	195

Other fee -

SUBTOTAL (\$ 810)

(Complete if applicable)

Name (Print/Type)	Lisa A. Chiarini	Registration No. (Attorney/Agent)	50,932	Telephone	212-408-2500
Signature	<i>Lisa A. Chiarini</i>			Date	06/04/2009

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.